

Experiment 1

No:

Name:

Parameters:

☐ Only-visual

☐ Only-haptic

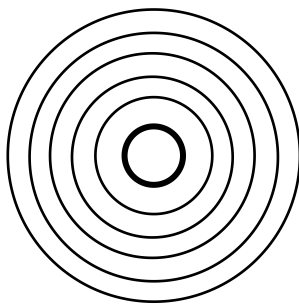
☐ Visual-haptic

Directional Correlation:

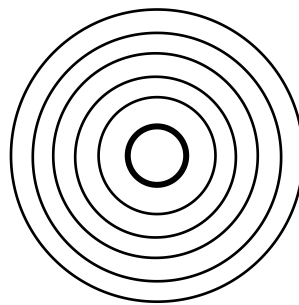
☐ Positive correlation

☐ Negative correlation

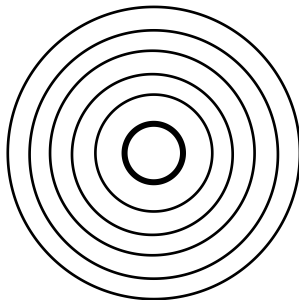
1. Describe the direction of motion or angle of rotation you perceive in the diagram below



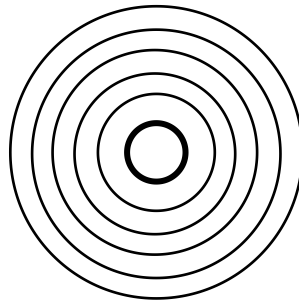
4. Describe the direction of motion or angle of rotation you perceive in the diagram below



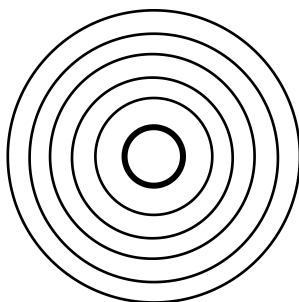
2. Describe the direction of motion or angle of rotation you perceive in the diagram below



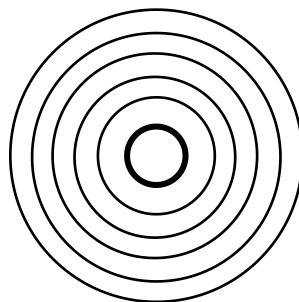
5. Describe the direction of motion or angle of rotation you perceive in the diagram below



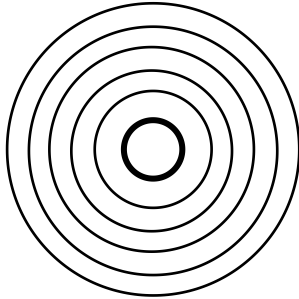
3. Describe the direction of motion or angle of rotation you perceive in the diagram below



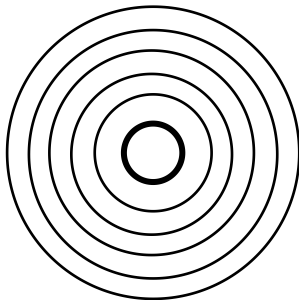
6. Describe the direction of motion or angle of rotation you perceive in the diagram below



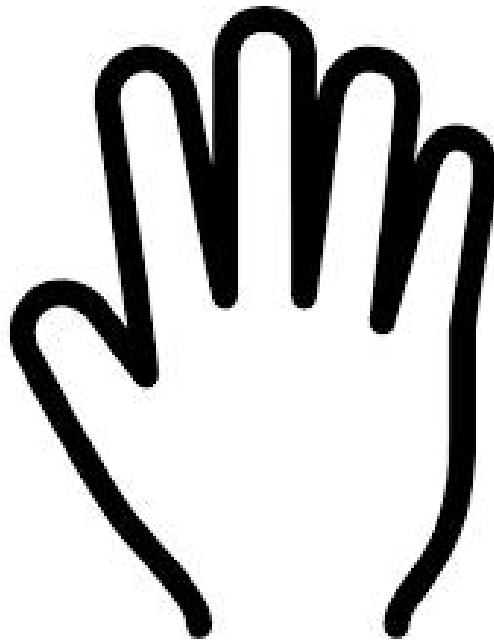
7. Describe the direction of motion or angle of rotation you perceive in the diagram below



8. Describe the direction of motion or angle of rotation you perceive in the diagram below



1. Please Describe your experience of force feedback on various parts of your palm.



2. Why are you describing it that way, please explain appropriately or take some notes here.